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AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
Headquarters, 93d Evacuation Hospital
APO 96491

30-231
INDEXED

AVCA ME-GD-EB-CO

12 November 1966 +

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS-CSFOR-65)

TO: Commanding Officer
68th Medical Group
ATTN: S-3
APO 96491



SECTION I

SIGNIFICANT ORGANIZATION OR UNIT ACTIVITIES

The Quarter ending 31 October 1966 was devoted primarily to reorganize and revitalize every activity within the hospital. In order to accomplish this reorganization and revitalization it was necessary to develop a master plan showing projected construction of facilities. During this reporting period a new laundry building, supply warehouse, EM Dayroom, and partial construction of new EM billets was completed.

Repair and utilities support continued to improve, and by the end of October a new R & U building was nearing completion. The R & U facility is under the supervision of Mr. James Price, a PA&E employee. Overall R & U support looks favorable for the future quarter. Electrical power continues to be a problem; however, new generators have been procured and will be phased in during the month of November.

Availability of real estate is at a premium. The limited acreage does not provide the hospital with flexibility in the programming of new construction in the short term range; however, in the long term range, the gradual phasing out of old facilities to allow for construction of new facilities has merit as a logical approach to this situation.

Maintenance and drainage of grounds and buildings was a critical problem demanding close attention because of the lack of paved or covered roadways. In addition, dust and dirt presented a menace to patient care. These problem areas were compensated by the covering of roadways and parking areas with an oil base substance.

In the area of Motor Pool Operations, many changes took place during the quarter ending 31 October 1966. Previously the Motor Pool Operations had been relatively ineffective in giving proper attention and maintenance

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to vehicles. Scheduled maintenance had frequently been ignored and records had been neglected. The reason for these discrepancies was frequently due to the following: (1) Many other projects had immediate priority over the Motor Pool when the hospital was in its first months of operation; (2) The vehicles were obsolete and the mechanics concentrated on keeping them off of dead line status. (3) First echelon maintenance had been neglected; and (4) there was a lack of qualified supervision. To alleviate this major problem a new Motor Pool Operation System was developed. In so doing, new methods of dispatching, new shop operation procedures, and daily operation maintenance schedules were instituted.

New nurses quarters were programmed and approved, and survey and construction is scheduled for the near future. A request for new mess facilities was approved in October and is being programmed in the Base Development Plan. This facility will allow for improved conditions in sanitation and mess procedures and alleviate several problems existing in the old mess facility (i.e., physical layout, work area improvement, storage area expansion, sanitation improvements, and a more centralized preparation and serving system.)

Throughout the hospital a self help program was initiated to "clean-up, paint up, and fix up" each building. Interior painting was accomplished and construction of supply and kitchen areas was performed on each ward. Metal shelving was procured to replace wooden shelves and wooden storage facilities. The exterior appearance was also improved by the collection of much refuse and unsightly items which had collected over the months.

In the Registrar Division, technical improvements were made when the existing nominal index, which was being maintained on a monthly basis, was alphabetized into one cumulative file, thus aiding to expedite requests for confirmation of hospitalization of former patients.

A new metal litter rack was constructed and placed in the Patients' Baggage Room in order to remove the litters from the outside elements, thus adding longer life to the litter covers. An all out program of repairing the old and damaged litters was instituted with good results. New litter covers were obtained and damaged ones replaced through a self help program.

The organization experienced a period of turbulence due to the large turnover of personnel. The hospital departed the United States on 15 Oct 65 in total; thus, during the months of September and October one hundred and forty-five (145) people were processed through the personnel office for PCS moves. Complete processing of personnel was accomplished at this level,

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including issuing port calls and MATS Transportation Authorization (DD Form 1482) which had previously been accomplished at higher headquarters. The processing at this level was felt to alleviate much of the burden of unit processing from higher headquarters and to appreciably accelerate the time required for personnel of this unit to complete out-processing.

To prevent any breakage in technique in the nursing service, and to provide the continuity desired in other areas, in-training programs were deemed essential. These in-training programs will continue as a permanent procedure for the various services and activities.

The professional staff organization is operating very well with good interservice cooperation and support. Training is at a high level and done through individual teaching and conferences held almost daily on each service informally, and more formally at scheduled hours. A weekly professional staff conference is held on a rotational basis for each service. Weekly grand rounds are held on each service which emphasizes such local medical problems as tropical diseases, trauma, and war injuries.

The Professional Staff continued to function in a smooth manner, and was fully capable of handling any problems that arose. Each service interfaced smoothly with other services to give broad medical care and treatment to the patient.

The Chief of Professional Services position was changed as of 1 October 1966 when LTC Thomas Hudson was replaced by LTC George L. Allen. A good continuity and smooth transition was made in this important position.

On the departure of LTC Hudson, Major Joseph R. Rokous assumed the position of Chief of Surgery in addition to continuing to serve as Chief of Orthopedics.

In mid-October LTC Louis E. Harman was assigned as Hospital Commander and MSG Donald L. Jefferson assumed the position of Hospital Sergeant Major. At the same time, Major Donald Vines arrived to assume the position of Chief of General Surgery. For a short period in October, Major Robert B. McClean was assigned to the hospital in General Surgery until he was transferred to the 36th Evacuation Hospital.

Other than normal workload, no significant problems were encountered in the other areas of surgery. The orthopedic clinic work load continued to place heavier demands on the orthopedic staff. There were no personnel changes in the orthopedic service.

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Major Hubert L. McClure arrived in early October to take charge of the eye service after the departure of CPT Fredrich Butler. The eye service was augmented by personnel from the 24th Evacuation Hospital in the form of a fully trained Ophthalmologist (CPT Mohr) and an Optometrist.

The ENT service was firmly supported by additional personnel in the form of CPT Lawrence from the 24th Evacuation Hospital and the arrival of CPT Joachim Marron. The ENT patient load continued to be heavy with a heavy need for hearing evaluations.

The Urology service continued to function well under CPT Joseph Becker Jr., but needs a urologic table to operate at full capacity.

The Anesthesia area operative service continued to operate smoothly and the operational control of Anesthesiology was taken by CPT Joseph A. Cesett from CPT Edward O. Sabol. The workload continued to be handled without severe problems and there was a complete changeover in the assigned nurse anesthetists.

Major John Deller Jr. was replaced by LTC George L. Allen as Chief of Medicine with a smooth transition. Several research projects that had been started were continued and more were instituted to keep the medicine staff fully aware of the problems unsolved in tropical medicine.

The medicine staff was further augmented by CPT Domonic Allococo and CPT Todd Stallkamp on TDY from the 24th Evacuation Hospital. CPT Allococo is the only additionally trained cardiologist in this area and thereby added strength to the department.

Cooperation was continued with the Walter Reed Research Team located in Saigon. With their support vital studies were continued for the FUO study which has been extended to include many epidemiologic features.

Clinical research projects in progress include an evaluation of amebiasis changes in the rectal muscle and liver, etiology and clinical feature of encephalitis in this area; continued case studies as to the feature of melioidosis; and the epidemiological aspects of infectious hepatitis. The on going

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malaria Study in cooperation with the USARV Medical Consultant as regards the sulfamerazine preparation Fansil was continued.

Major Coultrip continued to head the most important area of the Department of Clinics and with the arrival of CPT Joachim Marron was able to find more time for the operation of the MEDCAP program. In this capacity he helped supervise the midwife OB program each night in the Bien Hoa Province Hospital as well as have sick call for the local population three half days each week.

The medical dispensary was moved and incorporated into the clinic area. This allowed for more effective utilization of personnel and facilities. At the present time all the outpatient facilities except the P & N clinic and dental clinic are centralized.

Within the clinic area are located the orthopedic, urology, surgery, eye, ENT, physical medicine, medical and immunization facilities. Each is active and crowded each day. The P & N clinic continued to be operated as a separate facility under the supervision of the 935th Medical Detachment (KO).

The Radiology service has continued to render excellent support and continually improve the available services. Major Herbert Johnson was replaced as chief by Major Preston B. Mayson Jr. at the beginning of October. An assistant radiologist arrived in mid-October named CPT Sheldon J. Rosenthal. In addition, the radiology department received support from two radiologists on TDY from the 12th and 24th Evacuation Hospitals. On Monday, Wednesday and Friday afternoons of each week a radiologist visited the Bien Hoa Province Hospital and the Bien Hoa Air Force Base dispensary to read films. No other radiologists are available to do this.

The Laboratory service has combined with the efforts of the 916th Mobile Laboratory to give excellent support in both clinical and anatomical pathology. Though hampered by space and equipment, excellent support was rendered. The new Chief of Pathology, CPT Henry C. Landers arrived in mid-October to replace CPT Arthur J. Botting who left in early October. The use of blood was good and the supply adequate though 12-15 days old blood was received much of the time.

The Pharmacy service functioned well under the supervision of CPT David Weber, a member of the Medicine staff. No pharmacist is assigned. A hospital formulary is in the process of preparation.

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LTC Thomas Michell was replaced by Major Lee Getter in September 1966 as the oral surgeon and Chief of the Dental Service. CPT Aaron Jenkins was replaced by CPT Raymon E. Allison as a general dental officer. Additional support was given the oral surgical area by an oral surgeon on TDY from the 12th Evacuation Hospital. Routine dental care for all the assigned 93d personnel was instituted.

The nursing service realized a large personnel turnover in officers and enlisted personnel. The transition was effected without any serious burden being placed on one particular area. LTC Anne N. Bauer was replaced by Major Dorothy M. Dever as Chief of Nursing Services.

During the quarter there was a complete turnover of Medical Service Corps Officers. Initially, this turnover caused a decrease in performance because of unfamiliarization with the situation and procedures. However, this group of MSC's turned out to be outstanding and the lack of continuity was minimal by the end of the period. The situation stabilized and their performance has been far beyond what was expected for a similar group under the same circumstances. By the end of the quarter, cohesion and responsiveness among the Medical Service Corps Officers was exceptionally outstanding.

A Liaison Visit by the 44th Medical Brigade on 18 October 1966 and a Command Inspection by 2nd Medical Group on 21 October 1966 were conducted. Both inspections revealed areas needing attention, and constructive critiques were given to aid the hospital in correcting deficient areas and developing plans to prevent further recurrences of discrepancies.

The Walter Reed Army Institute of Research sent a photography team to the 93d Evacuation Hospital during the month of September. This team filmed several thousand feet of operations in the surgical suites and recorded the doctors synopsis of the operation. The team expressed opinions that their filming at the 93d Evacuation Hospital will result in excellent research and reference films for military medical training at the professional level.

The Command Savings Program has shown considerable improvement during the quarter, which had a percentage of participation at the beginning of the quarter of 62%, dipping to 53% during the height of the personnel turnover, and climbing to the level of 81% at the end of the quarter.

Our Safety Program continued to gain momentum. Successful progress was noted in vehicular accident rates. The first part of the quarter realized a

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relatively high accident rate; however, the last six weeks of the quarter went accident free and stringent safety precautions, classes, and procedures were enforced. Orientations of both old and new personnel are conducted weekly and individuals express awareness of safety procedures and a safety conscious attitude.

One aspect of paramount importance was the development of written Procedural Guides for the Hospital and loading plans for air, rail and convoy movement. Every activity or section was reevaluated and new Procedural Guides were written. This project was completed during the last week in October.

The quarter also experienced visits by many distinguished personnel and celebrity personnel supporting the special services activities.

Visitors included:

<u>DATE</u>	<u>NAME</u>	<u>PURPOSE</u>
2 Aug 66	General Paul F. Smith CG, 173rd Abn Bde.	Presentation of plaque to Hospital in appreciation for support given the 173rd Lbn Bde.
3 Aug 66	Doctor Shirley Fisk, Secretary of Defense for Health and Medicine	Staff Visit
9 Aug 66	LTG Jonothan O. Seaman, CG, 77th TAF MG C. W. Eifler, CG, 1st Log Comd MG Weyand, CG, 25th TAF Bde. BG Paul F. Smith	Change of Command Ceremonies for 93d Evacuation Hospital
16 Aug 66	COL Chapman Deputy Surgeon, USARPAC	Staff Visit
29 Aug 66	MG Dupuy CG, 1st Inf Div.	Presentation of plaque to 93d Evacuation Hospital for appre- ciation of outstanding medical care to the "Big Red One"
4 Oct 66	BG O'Connor, AOC, 157th TAF Div.	Visit patients
12 Oct 66	BG O'Connor	Visit patients

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<u>DATE</u>	<u>NAME</u>	<u>PURPOSE</u>
14 Oct 66	MG C. W. Eifler	Staff Visit
19 Oct 66	MG C. W. Eifler	Award to patient
20 Oct 66	General Khang RVI. Army	Medical appointment
21 Oct 66	Martha Raye	Special Services
22 Oct 66	RADM John W. Cowan Surgeon, CINCPAC	Staff Visit
25 Oct 66	BG O'Connor	Visit patients
25 Oct 66	BG Harley Moore Chief, Area Provost Marshal	Personal Visit

Medical Statistics for the Quarter:

	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>
Patients admitted	1176	1177	1040
Patients transferred (In and Out of Country)	292	450	370
Patients returned to duty	891	799	724
Patients IRMA	209	131	137
Daily average beds occupied	458	433	319

Outpatient Clinic Load:

	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>
Surgery	96	174	112
Urology	105	170	140
Eye	397	180	868

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	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>
ENT	373	370	1034
Orthopedics	205	503	1157
Physiotherapy	205	86	73

*Includes audiograms

ATTACHED UNITS

46TH MEDICAL DETACHMENT (TEAM KB):

This team has continued to augment the orthopedic department in the 93d Evacuation Hospital. Certain positions of responsibility have been delegated to the KB medical officers to include: Chief of Orthopedic Surgery, Assistant Chief of Orthopedic Surgery, Chief of Anesthesiology and Chief of Physical Medicine and Rehabilitation. This team has participated in the Unit MEDCAP activities, and has instituted an orthopedic consultation and surgical assistance program for the residents of Pien Hoa Province Hospital. Bi-weekly rounds and elective surgery are performed at the CIDG and Province Hospital.

53D MEDICAL DETACHMENT (TEAM KA):

During the quarter, the 53d Medical Detachment continued in its successful integration into the surgical program; the technicians and nurses work in the operating room and the three doctors work on the surgical teams and the anesthesia team.

At the beginning of the quarter the team participated in an operation supporting the 1st Infantry Division. Communications and supply channels were poor at first until an additional NCO was attached to the team for the purpose of traveling from supply points to the team at two day intervals.

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The team's mission was to resuscitate all casualties that could not survive a twenty-five minute helicopter ride to a field hospital. During the operation, the team did not operate on one case. The mission could have been performed by one surgeon assigned to a clearing company. From experience in the field and utilization of the KI team, it is felt that a KI team functions most effectively when attached to a field hospital.

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225TH MEDICAL REGIMENT (RC).

Psychiatric Activities: There was a marked increase of patients, both out-patients and in-patients, during the quarter due in part to the increased troop concentration in the area. The increase in patient load has tended to increase slightly the average length of stay for psychiatric in-patients because of increased demands on psychiatrist's time and the initiation of ward community group meetings (Sec II). Personnel have been required to give testimony at courts-martial with greater frequency during this quarter probably because of the establishment of the USARV Stockade in the area, and the higher incidence of serious crimes among military personnel in RVN. Medical evacuations to CONUS for psychiatric conditions have remained relatively constant.

Social Work: There has been a generalized expansion of social work activities during the quarter. Data has begun to be collected upon which to have a comprehensive mental hygiene command consultation program. Social work activities have extended into the USARV Stockade where initial screening and evaluation of prisoners is integrated into the stockade's total correctional treatment program. During the quarter, two social work specialists, one from the 173d Abn. Bde. and one from the 11th Armored Cav. Bgt. have been given on-the-job training so that a first echelon program of screening possible neuropsychiatric problems could be implemented.

Neurology: During the quarter there has been a significant increase in the number of a Neurology Clinic. This has occurred despite establishment of a neurology section at the 8th Field Hospital which eliminated referrals to the 93d Evacuation Hospital from I & II Corps areas. The increased workload reflects greater troop concentration in Long Binh Sub Area and more widespread awareness through USARV directives of the existence of Neurology facilities here. Hospitalizations and evacuations to CONUS, however, have remained relatively constant.

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Psychology Activities: During the quarter the psychology section was engaged in diagnostic testing and research. Three or four patients a week were examined with respect to determining diagnosis, e.g., schizophrenia, character disorder, organic brain syndrome. One of our two research projects concerns the evaluation of intellectual functioning in patients with cerebral malaria during and after their illness. The second is a study of soldiers who marry Vietnamese women. The latter is a joint study with the psychiatrist at the 17th Field Hospital, who provides psychiatric evaluations, while we perform psychological examinations.

MEDCAP Activities: The MEDCAP project aiding the Bien Hoa Mental Hospital has been initiated. The program is basically concerned with providing the hospital with necessary psychotherapeutic medications and treatment equipment. Progress on the project has been slow because of the administrative procedures involved in establishing a MEDCAP account for the procurement of sophisticated psychiatric drugs.

Detachment Activities: The major projects during the quarter have been involved with physical security for personnel and provision of adequate living quarters. Progress on physical security has been satisfactorily accomplished, but the construction of quarters has been thwarted by inability to obtain necessary materials and lack of provision for the unit in the overall engineering construction plan.

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945TH MEDICAL DETACHMENT (KA)

The 945th Medical Detachment has continued its support in augmenting the Surgical Services of the 93d Evacuation Hospital with its personnel closely interspersed with the hospital's organization functions and activities. Rotation of personnel has involved many of the people in the detachment including the Detachment Commander. Presently the detachment is carrying out a step by step orientation, re-evaluation and training of new personnel. Several of the detachment personnel are actively participating in support of MEDCAP activities. The present detachment TO&E has officer vacancies in an anesthesiologist and general surgeon. With the new personnel, integration of and familiarization with functions, individual duties and equipment, and operational details are deemed necessary, and have been initiated.

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During the month of October, the Physical Therapy program realized improved conditions with the addition of trained corpsmen and a weekly consultation visit by Major Barbara Grey, 17th Field Hospital. In October 1245 inpatient treatments and 86 outpatient treatments were administered, for a total of 1332 treatments for the month.

Chapel activities continued under vigorous program with all three faiths having representation. Daily Catholic and Protestant services and visitations were performed by Chaplain Hrin and Chaplain McLean respectively, and Chaplain Greenspan from Canyon made a weekly visitation for Jewish services and counselling.

Red Cross activities continued to operate at an accelerated pace with recreational activities conducted daily on the wards, and case work services processed by the Red Cross Staff. The Red Cross staff was increased during October with the addition of a staff secretary. The patient's Library increased in volume and variety during the quarter.

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SECTION III

OBSERVATION (LESSONS LEARNED)

PART I

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3-1

Item: Orders for Overseas Returned:

Discussion: Difficulty was encountered during the quarter in obtaining re-assignment for several of the senior NCO's and in one case of a Male Nurse. When the assignment instructions were received for the enlisted men, the authority was a DA message dated many weeks prior to the individual's DEMOS.

Observations: Communications and dissemination of assignment instructions to subordinate units are often delayed even after requests for tracer action or assignment instructions have been initiated.

Item: Additional TO&E Authorization.

Discussion: TO&E 8-581 E authorizes the following positions for Personnel Services sections: One (1) Pay Specialist; One (1) Personnel Management Specialist; and, One (1) Personnel Records Specialist. With the present personnel assigned to this hospital, with the units attached to this hospital for administrative supervision and support, and with the number of reports required to be generated from the Personnel Office, it is felt that the section lacks the capability to operate the section with the authorized number of personnel by TO&E. Clerical personnel are also used for personnel actions, morning reports, pay, civilian personnel actions, and routine typing.

Observations: Present TO&E authorization is inadequate to meet needs of assigned and attached personnel requirements. MOS trained personnel are not qualified in the skill areas required to function a personnel section. Other MOS personnel have been trained on the job and are performing the mission of the personnel section; however, the burdens of operation increase when school trained personnel, and insufficient authorized personnel are not available. Input of administrative personnel should be increased to meet demands and thus alleviate the need for retraining medical personnel for administrative jobs.

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Item: Clinical Psychology Specialists

Discussion: The TO&E authorizes one 1-6 Clinical Psychology Specialist (MOS 91G20). The extent of the psychological program indicates that one specialist cannot be expected to adequately meet all commitments. It has been necessary, therefore, to constrain and utilize Social Work Specialists (MOS 91H20) for psychological testing. This, of course, places additional demands on the Social Work Service.

Observation: The TO&E authorization for one Clinical Psychology Specialist ✓ is inadequate to meet requirements.

Item: Professional Personnel are frequently called to give expert testimony at courts-martial.

Discussion: During the quarter there has been an increasing tendency to require the attendance of professional personnel at courts-martial. The extent of testimony is usually limited to determination of mental status and legal responsibility. These questions are always fully discussed in psychiatric evaluations prepared at the request of trial or defense counsel. Requiring the presence of expert witnesses is an additional burden on the professional personnel. Experience has been that legal opinions would allow written testimony as sufficient "expert testimony".

Observations: Personnel classified as experts have experienced that written testimony is acceptable in lieu of personal appearance at courts-martial. ✓

Operations

Item: On the job training of Social Work Specialists

Discussion: Two social work specialists are receiving on the job training to enable them to function in units which do not have organic psychiatric or social work support (173d Abn Bde and 11th Armored Cav Rgt). A social work specialist who received OJT at this facility during the previous quarter has functioned very effectively in the 173rd Abn Bde interpreting dynamics of social dysfunction to command and obtaining social history and collateral data on individuals referred to this facility for psychiatric evaluations. The preliminary work-up has proved an invaluable asset in providing rapid accurate evaluations.

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Observations: The social work specialist operating independently under the general technical supervision of qualified social work officers performs a valuable function in the evaluation and treatment of psychiatric patients at the combat unit level.

Item: Community Therapy Group

Discussion: Patients on the psychiatric ward are involved in daily group therapy meetings. It is hoped that this will result in more effective rehabilitation and a consequent decrease in medical evacuations. The program is too new to evaluate at present. One other consequence is that hospitalizations will be for longer periods.

Observations: More effective means of rehabilitating patients are being explored.

Item: Outpatient Facilities

Discussion: The servicing of a large troop population and programming for increased troop population in the support area indicates an increasingly heavy outpatient load. The assistance of other physicians on TDY from other non-operational units (ie: 12th and 24th Evacuation Hospitals which were not operational during the reporting period) has helped make operations fairly effective. Upon departure of these personnel, the outpatient load will present a burdensome problem.

Observation: Utilization of attached personnel can temporarily alleviate or "disguise" problem areas. A hospital providing outpatient services (not within its assigned TO&E strength and capability) should be augmented with personnel and equipment to properly support such a service.

Item: Obsolete Vehicles

Discussion: Because most of the vehicles are very old, former maintenance procedures indicated that it was useless to spend a lot of time working on these vehicles. This is true to a point, when costly items are involved, but here in Vietnam where parts are difficult items to get, extra care is necessary to preserve the ones we have.

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Observation: The term "Old trucks" is never an excuse for sloppy maintenance or no maintenance at all.

Item: Log Books and associated records

Discussion: Many drivers don't know how to fill out the forms and other maintenance records. This tool for good maintenance thus becomes a burden instead of an aid to the driver.

Observation: Classes in proper records procedures should be included in the training of every driver and a prerequisite to licensing.

Item: Laundry Units

Discussion: The trailer mounted washers and dryers are designed to operate from the power furnished by a 10 KW generator mounted on the dryer unit. We have found that we can run the units directly off of the hospital power lines, thus bypassing the generator which is constantly in need of repair.

Observation: The laundry machines can be hooked into any 220 volt power line.

Item: Laboratory Procedures

Discussion: The laboratory continues to have a high workload in all procedures that are performed. During the period, 1800 units of blood were banked, 7493 malaria smears were done, and 2738 stool specimens were examined. The workload for hematology, urinalysis, serologies and bacteriologic procedures was also high.

Observation: Laboratory support (equipment and personnel) should be in line with the heavy workload. Equipment ordered has not been received. The demands put on the 93d Evacuation Hospital laboratory are greater than expected of an evacuation hospital performing its mission. Augmentation is desirable to bring equipment and personnel status up accordingly.

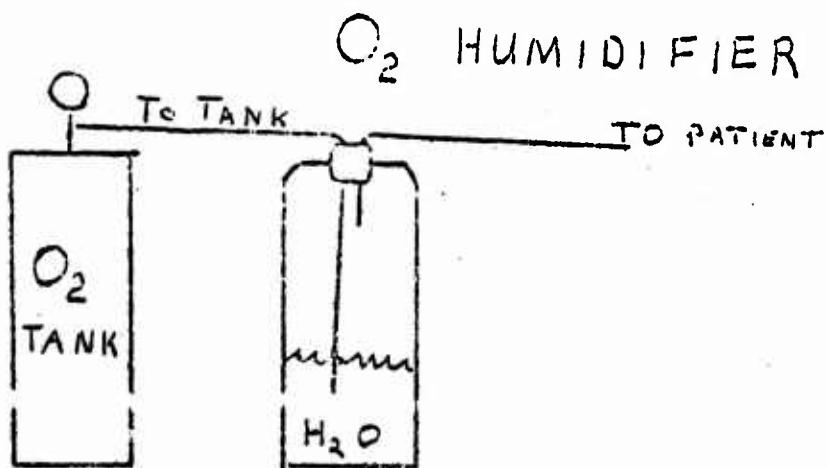
Item: IV Bottles

Discussion: Empty IV Bottles proved to have many general uses. After washing and sterilization they were used for: (1) O₂ Humidifiers; (2) Chest Bottles;

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(2) Chest Bottles; and (3) Urinary Drainage. The O_2 Humidifier was developed by removal of the metal band from around the rod of the IV Bottle. The long rod is already in the IV Bottle. A short glass connecting tube can be forced through the air way area, where normally the needle is inserted. After the bottle is filled with H_2O , rubber tubing is connected to the glass rods; the rubber tubing connected to the long rod goes to the O_2 outlet on the tank, and the short red tubing is attached to the O_2 nasal catheter. The bottle is taped or hung from the tank.



Observation: Utilization of present equipment and development of innovations for providing equipment improvisation is available through local resources and ingenuity in many cases.

Item: Training

Discussion: In several areas (i.e.: Registrar, Outpatient Services, and Nursing Services) personnel from other units which were not operational were attached for OJT and inservice training. Results of this program have benefited the hospital and have given these personnel a "head start" on working under combat conditions. The personnel became aware of many problem areas which they may be able to avoid or prevent when their units become operational.

Observation: A training program for personnel belonging to non-operational units can be very beneficial to units getting established. Counterparts are able to compare operational and sectional activities. A good working relationship is further developed between medical units.

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LOGISTICS

Item: Office Equipment

Discussion: Recording of patient information on clinical records and administrative records is a time consuming procedure requiring additional time and effort by administrative personnel.

Observation: An addressograph system for the hospital is desirable to reduce administrative time and clerical duties. ✓

Item: Laundry Services

Discussion: A new laundry contract was instituted through the Chief of Supply and Services to provide clean uniforms for patients being dispositioned from the facility. The laundry contract required that the patient clothing be returned in two (2) days, but presently the time frame continues to be four (4) to eight (8) days. This necessitates issuing of new clothing to patients being discharged prior to his clothing being returned.

Observation: The facilities of a QM Laundry in the vicinity of hospital facilities would help to alleviate such a problem. Presently laundry concessions are not fined or penalized for late delivery for contracted laundry. ✓

Item: Inadequacy of Utilities

Discussion: Electrical distribution has proven to be marginally adequate; there have been no interruptions of power, but the distribution system is severely taxed by the amount of equipment in use within the plant. The problem can be traced back to the construction of the primary structures and what appears to be inadequate wiring. There was wide spread use of locally procured electrical fixtures and wire which simply could not tolerate even everyday use. Coupled with this is the difference of fixtures; American made hospital appliances cannot be used without a male adapter plug.

With equipment modernization programs and the increased demands for more sophisticated appliances, there is even a greater disparity between the demand for power and the existing resources. Air conditioning alone, which is becoming a necessity, places a great burden on existing power plants.

AVCA MB-CD-EB-CO

SUBJECT: Operational Report For Quarterly Period Ending 31 October 1966
(RCS-CSFOR-65)

Water distribution, and associated with it, water-borne sewage, is even a greater problem than electrical distribution. With growing facilities and large patient populations, water consumption in a fixed installation soars beyond the TO&E capability to transport potable water. Here again the complete absence of a built-in, rather than build-on system has restricted the level of patient care. Patient wards as well as surgeries, clinics and X-Rays are serviced by small capacity tanks or conventional water carts.

Observation: If the plan to immobilize field-type medical units is to be realized and optimum services are to be rendered in such a configuration, there definitely needs to be some attempt to provide at least a utility plan. Power distribution should far exceed the "opening day" requirements and should be projected to include the sophisticated equipment which will be installed later. Some equipment may need both electrical and plumbing utilities (i.e., P.T. Whirl Pool baths), and plans should integrate these proposals. Water and sewage should be installed when original construction is begun. "Add-on" work is costly in man-hours, patient inconvenience and material loss.

It would be helpful if a team experienced in all services of a hospital be assigned as a project the planning of the hospital during construction. The team should have as a basic membership one experienced person who can determine planning needs and perhaps a qualified medical equipment maintenance man to advise the engineer effort on utility requirements. Only those familiar with local problems should be considered for these projects.

Item: Need for rapid communications for medical supplies

Discussion: There are numerous instances throughout the theatre when medical supplies are urgently needed but not available. The chief means of requesting these items is by telephone. Although on the surface this appears to be the most expeditious way to notify the supporting agency at times there is great time loss due to equipment malfunction and overloading of circuits.

Observation: The establishment of a Medical Brigade Command teletype-net with at least the major treatment facilities who would normally generate these requests would be effective in alleviating these problems. This would provide a written, speedy request to the support agency. In line with this notification, it would be feasible to consider opening a direct line from the medical platoon in support direct to its base platoon. The same net could serve the medical regulating offices also.

AVCA MB-GD-EB-CO

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(RCS-CSFOR-65)

SECTION II
PART 2

RECOMMENDATIONS

The TO&E should be modified to include the following in the Personnel Services section:

(1) Pay Specialists	71J20	2
(2) Personnel Specialists	71H20	2
(3) Administrative Specialists	71H20	1
(4) Personnel Records Specialists	71H20	1
(5) Clerk-Typist	71B20	1

TO&E modifications also merit consideration in other activities in the hospital (i.e., laboratory, clinics, etc.). An evacuation hospital which is responsible for performing the TO&E mission of an evacuation hospital would not require the augmentation of attached units or a modification of the TO&E. However, additional requirements and additional services are performed by the 93d Evacuation Hospital, and tend to broaden the mission and services of the hospital, nearing the capabilities of a station hospital. To adequately staff and equip such a facility, a modification of the TO&E is advisable, or the attachment of additional support teams and equipment could help to alleviate the problems. With additional troop population to be supported, a reevaluation of physical facilities and space would also be necessary (i.e., outpatient clinics and services performed by the laboratory and X-Ray).

TEL: Long Binh 136

Louis E. Harman, Jr.
LOUIS E. HARMAN
LTC, MC
Commanding

AVCA MB-GD-PO (12 Nov 66)

1st Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS-CSFOR-65)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 18 November 1966

TO: Commanding Officer, 44th Medical Brigade, APO 96307

1. The 93d Evacuation Hospital was operational in RVN the entire period covered by this report.

2. Reference need for urologic table mentioned in third paragraph on page 4.

3. TDY personnel referred to on pages, 4, 5, and 6 are professional personnel from the two hospitals (12th and 24th Evacuation) that are now nearing completion. Professional personnel and medical specialists are normally placed on TDY while their unit is staging.

4. Reference item pertaining to 53d Medical Detachment (KA) pages 9 and 10. Clearing stations are augmented with a surgical capability whenever the evacuation distance to the nearest hospital is considered excessive. In this case, it was determined that the services of an entire KA team were required because of the size of the tactical operation. As it turned out, the entire team was not needed.

5. Reference item on Detachment Activities, page 11. The overall Base Development Plan for Long Binh Post does include operational and billeting facilities for all units.

6. Reference items on Orders for Overseas Returnees and item on additional TOE authorization on page 13. Plans are being made for a Personnel Services team to process, store, and maintain the military personnel records of all AMEDS personnel in the Long Binh area. Problems presented should be minimized or eliminated.

7. Reference item on Clinical Psychology Specialists, page 14. CO 93d Evac will be informed to submit MTOE on all personnel and equipment recommendations.

8. Reference item on testimony by professional personnel at courts-martial, page 14. Requirements for professional personnel to give expert testimony at courts-martial must be considered on an individual basis. If the absence of professional personnel from the hospital would be detrimental to its mission, coordination should be established between the hospital, the trial or defense counsel and a Staff Judge Advocate to determine if a written deposition will suffice.

9. Reference item on Outpatient Facilities, page 15. This recommendation should be included in a MTOE.

10. Reference item on Laboratory Procedures, page 16. CO, 93d Evac will be requested to institute follow-up action. This item, too, should be included in a MTOE.

11. Reference item on Office Equipment, page 18. Unit will be informed to submit requisition on USARV Form 47 for items in excess of TOE.

AVCA MB-GD-PO (12 Nov 66)

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS-CSFCR-55)

1st Ind

18 November 1966

12. Reference item on Laundry Services, page 18. The circumstances prevalent in RVN do not permit penalties for late laundry service. Laundry problems, along with other problems, will be eliminated or minimized when the 24th Evacuation Hospital becomes operational and takes some of the workload off of the 93d Evacuation Hospital.

13. Reference item on Inadequacy of Utilities, page 18 and 19. Experience gained since the 93d Evacuation Hospital was constructed has reduced many of these problems. Coordination is effected between Engineer units and medical personnel on hospital construction.

14. Reference item on communications for medical supplies, page 19. Telephone communications are inadequate. Medical priority calls can be made if necessary.

15. Reference part 2, Section II. This recommendation should be presented in MFOE format. Additional space requirements have been recognized and considered in facilities being constructed for hospitals that have arrived in RVN since the 93d.

Long Binh 326

Charles C. Pirley
CHARLES C. PIRLEY
Colonel, Medical Corps
Commanding

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1- CO, 93d Evac Hosp (Ind. Only)

AVCA-1B-PO (12 Nov 66)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966,
(RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 29 November 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-0, APO
96307

1. Reference Section II, Part I, item concerning Outpatient Facilities, basic report, and paragraph 9, 1st Indorsement. Comments concerning outpatient facilities in the basic report are misleading and incomplete. Although not clearly stated as such, the hospital is referring to an outpatient load due to patients being referred to the hospital for special consultations, and not to a normal routine outpatient load. Physicians from the 12th and 24th Evacuation Hospitals on TDY with the 93rd Evacuation Hospital are utilized to provide consultation service on an outpatient basis for various specialties. When the 12th and 24th Evacuation Hospitals become operational, the consultation specialty capabilities at each of these hospitals will be approximately the same, thereby significantly reducing the number of outpatients presently being referred to the 93rd Evacuation Hospital only. This headquarters maintains the policy that all routine outpatient care will be provided by dispensaries, located so as to provide area support, and not by hospital facilities. This policy is being implemented. The comment in the basic report will not be included in a MOE, as stated in the 1st Indorsement.

2. Reference Section II, Part I, item concerning the need for rapid communications for medical supplies, basic report, and paragraph 14, 1st Indorsement. Concur with comment in 1st Indorsement, but do not concur with comment in basic report. The hospital is not qualified to comment on the theatre medical supply system. This headquarters does not consider that the present communications system adversely effects the medical supply system to the extent stated in the basic report.

3. Concur with all other comments contained in the basic report, and the 1st Indorsement.

Ray W. Miller
RAY W. MILLER
Colonel, MC
Commanding

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AVCA GC-0 (12 Nov 66)

3d Ind

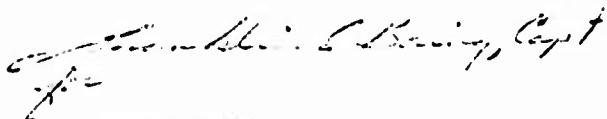
SUBJECT: Operational Report for Quarterly Period Ending 31 October
1966 (RCS CSFOR-65)

Headquarters, 1st Logistical Command, APO 96307 3 DEC 1966

TO: Deputy Commanding General, United States Army, Vietnam, ATTN:
AVHGC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 93d Evacuation Hospital for the quarter ending 31 October 1966 is forwarded herewith.
2. The 93d Evacuation Hospital engaged in combat support operations for 92 days during this reporting period.
3. Concur with the basic report as modified by the preceding endorsements. The report is considered adequate.

FOR THE COMMANDER:



GLENN A. DOYLE
Capt. AGC
Asst. AG

TEL: LYNX 782/930

24

AVHCC-DH (12 Nov 66)

4th Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOP-65)

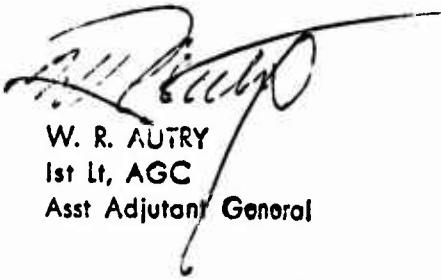
HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 13 DEC '66

TO: Commander in Chief, United States Army Pacific, ATTN: GRCN-OT
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned from Headquarters, 93d Evacuation Hospital for the period ending 31 October 1966.

2. Concur with the basic report as modified by the previous indorsements.

FOR THE COMMANDER:



W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

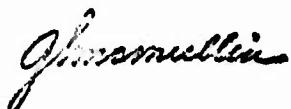
GPOP-OT(12 Nov 66) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 30 DEC 1966

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:



G. L. McMULLIN
CPT, AGC
Asst AG

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(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified.)

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